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ABSTRACT

For individuals or groups interested in developing a comprehensive community plan to address the problems of teenage pregnancy and parenthood, this paper provides a process built around a community diagnostic conference, for mobilizing local decision makers. The process is divided into these six phases, which are discussed separately: (1) initiation of planning process; (2) information collection; (3) conference planning; (4) preparation for the diagnostic conference; (5) conducting the conference; and (6) follow-up activities (information dissemination, media release, and implementation of the plan). The process described includes technical assistance provided through a Charles Stewart Mott Foundation grant, and information is given on acquiring assistance from other sources. Sample process forms and a sample budget are also included. (KH)

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Adolescent Parenthood

Developing A Comprehensive Community Planning Guide Around the Issue of Teenage Pregnancy

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CONTENTS

Introduction 1

Outline for Developing a Comprehensive Community Plan for Addressing the Issue of Teenage Pregnancy/Parenting 4

Initiating the Planning Process 5

Determining Data Needs/Sources 7

Applying the Diagnostic Template 12

Designing Consumer Participation/Client Development 17

Planning the Diagnostic Conference 19

Selecting Conference Participants 25

Preparing the Conference Information Packet 30

Training the Facilitators 34

Conducting the Diagnostic Conference 36

Preparing the Final Report 55

Coordinating Follow-up 56

Sample Budget 57

DEVELOPING A COMPREHENSIVE COMMUNITY PLAN AROUND THE ISSUE OF TEENAGE PREGNANCY

Introduction

Pregnant and parenting teens are among the most severely disadvantaged groups in any community. All communities provide some services to prevent teenage pregnancy--for pregnant teens, and for teen parents and their children. However, few communities provide comprehensive pregnancy prevention, prenatal and postnatal services. Usually this is not due to lack of resources, but rather to absence of a comprehensive community plan for providing for pregnancy prevention and for services for every pregnant/parenting teen. Every community has the human and technical resources to develop such a plan, but unless some person, group, or agency initiates development of the plan, it simply does not happen.

This document is intended to provide for the prospective initiator (person, group, or agency) a process and support for developing a comprehensive community plan to address the problems of teenage pregnancy. Whereas many assume that such a planning process would be too costly in time and money, and that it would be hard to mobilize a core group of local decision makers around the issue of teen pregnancy/parenting, this document offers a streamlined but powerful process for accomplishing the task in any community within five months, and with limited budget. A comprehensive community plan of action resulting from a Community Diagnostic Conference on teen pregnancy/parenting marks the culmination of the process. Community individuals/groups/agencies with genuine desire to develop a comprehensive plan are encouraged to follow the

process outlined in the following pages. The process includes technical assistance provided through a Charles Stewart Mott Foundation grant.

Steps in the process include:

- identification of an initiator (individual, group, or agency)
- creation of a convenor task force (composed of local representatives of agencies involved in teenage pregnancy, local affiliates of organizations like the National Urban League, the Association of Junior Leagues, foundations, corporations, etc.)
- development of a current community profile of needs of pregnant/parenting teens, and a list of resources addressing these needs (a diagnostic template included in this document will guide collection recording and analysis of this information)
- appointment of a conference planning committee (composed of representatives of agencies/organizations responsible for program and service delivery to this population, of other interested groups, and of the client population)
- development of plans for a community diagnostic conference to plan a comprehensive response to community needs in the area of teenage pregnancy
- identification and recruitment of participants for the conference, representing all major groups, agencies, organizations--both public and private--as well as appropriate political and governmental positions (choice of participants will be guided by knowledge of individuals/agencies/organizations whose support would be critical to successful implementation of the plan that emerges from the conference); representatives of the client population will also be included
- identification and training of facilitators to ensure that conference objectives are met in a relatively short meeting time
- conduct of the diagnostic conference, with the following products resulting:

  --a comprehensive community plan for addressing the issue of pregnant/parenting teens

  --a plan for implementation of the comprehensive community plan, with timelines and individuals/agencies/organizations responsible for follow through

The most time-consuming activities will be development of the information base and planning the conference. The conference itself will be held on two consecutive days. Whereas it is assumed that many will contribute time to the process, there probably will be need to employ someone to develop the information base. Technical assistance may be available for development of the information base. At least one paid facilitator for the conference may also be needed. A suggested budget appears at the end of this document. At least a part of the budget may be subsidized.

Outline for Developing a Comprehensive Community Plan for Addressing the Issue of Teenage Pregnancy/Parenting

	Months 1	2	3	4	5
Phase 1--Initiation of Planning Process	X				
Determine initiator					
Develop convenor task force					
Phase 2--Information Collection		X			
Access current local statistics on teen pregnancy/parenting					
Develop profile of local programs/services for this population (apply diagnostic template)					
Phase 3--Conference Planning			X	X	
Appoint Planning Committee					
Plan client consumer/development participation					
Define Planning Committee organization and structure					
Determine additional information needs					
Provide coordination for plan development					
Phase 4--Preparation for Diagnostic Conference			X	X	
Select conference participants					
Develop invitation material					
Develop agenda					
Determine logistics					
Prepare support material					
Train facilitators					
Phase 5--Conduct Conference					X
Implement planning process					
Synthesize participants' input					
Develop comprehensive plan					
Develop plan for implementation of comprehensive plan					
Phase 6--Follow-up Activities					X
Develop and disseminate final reports					
Develop media release(s)					
Ensure that structure is in place for implementing plan and organizing follow-up					

Initiating the Planning Process

Any individual, group, or agency may initiate the planning process. However, the Charles Stewart Mott Foundation, through a grant to Women and Foundations Corporate Philanthropy (WAF/CP), plans to proactively engage communities in this very important process. The grant supports development of joint ventures of the Mott Foundation with other grantmakers. Local diagnostic conferences are logical first steps in the development of local joint ventures.

Local or state foundations or corporations may contact WAF/CP to discuss their potential interest in joint sponsorship of a community diagnosis/comprehensive plan with WAF/CP and the Foundation. Interested foundations or corporations will initiate the planning process by assembling a convenor task force. This task force may identify other agencies to participate in the initiation phase of the planning process. Agencies that are members of one of the four too-early-childbearing networks receiving Mott grants may be among the first invited to participate in this planning activity. For instance, local affiliates of the Association of Junior Leagues and the National Urban League will be invited to join the Convenor Task Force. If another Too-Early Childbearing (TEC) network member is in the local community, that staff will also be invited to join the task force. In summary, a local convenor grantmaker or other agency will invite the Junior League, the Urban League, other TEC grantees and grantmakers to serve on the convenor task force for a diagnostic conference on teenage pregnancy. The local host will have the primary responsibility for assembling the first meeting of the convenor

task force, with the assistance of WAF/CP staff and others such as grantees of the Mott Foundation.

Responsibilities of the Convenor Task Force. The task force has the responsibility for planning and conducting the community diagnostic conference and for preparing the comprehensive plan resulting from this diagnosis. Planning responsibilities include:

1) developing a profile of community needs and resources
2) identifying participants
3) planning the conference agenda
4) locating the conference site
5) scheduling the conference
6) extending the invitations
7) identifying program resources
8) assembling conference data
9) preparing conference materials
10) contributing the conference budget (a primary responsibility of the grantmakers)
11) conducting the diagnostic conference
12) preparing the final report

A local consultant may be assigned the task of profiling information about community needs and resources, guided by the diagnostic template included in this document. Technical assistance may be provided through WAF/CP.

The convenor task force will appoint a conference planning committee and will empower the committee to make decisions concerning conference logistics. However, before the planning committee can begin its tasks, it must have access to information about community needs related to teenage pregnancy, and the resources available to meet those needs.

Determining Data Needs/Sources

A diagnostic conference requires an abundance of current data. Unless a planning group has access to current, accurate, complete information about the issues to be (or being) addressed, it cannot make the most appropriate decisions about the focus of its efforts and the allocation of resources--financial, human, material. The conference budget must reflect collection of all data needed and completion of analyses that would help participants understand the issue.

The conference planning group must have easy access to all relevant information and also must be spared the frustration of sorting through any irrelevant information. The first tasks, then, are to determine what management decisions need to be made in development of a comprehensive plan and what information is needed to inform those decisions.

Not all needs can be determined in advance. Some will surface during the planning process. However, since the process will address meeting needs related to teenage pregnancy, certain data needs are given. Among these are the following:

- number of live births to teens in the community
- number of teen abortions, miscarriages, still births
- number of complications of pregnancy
- number of neonatal and infant deaths
- number of low birthweight babies
- number of repeat births to teens by each multiple
- child abuse and neglect of children of teen mothers
- number of teen mothers providing standard health care for the child

- number of pregnant teens/teen mothers completing high school or GED
- number of pregnant/parenting teens attaining economic independence

Local data on each of the above factors should be collected for the last five years, and data in each category should be broken out by the following variables:

- age
- ethnic origin
- SES
- location of residence
- school status
- marital status
- family status
- etc.

Many of these data will be available from the local health departments and the local school districts. However, not all health departments accurately and consistently record ethnic origin (other than black or white), SES, family status, or even marital status. Family status may need to be inferred from census data for the census district within which the teens reside. Some health departments have developed and applied formulas which render fairly accurate estimates of these variables.

Data on school status may be more difficult to obtain, although they may be inferred by age. Unfortunately, many pregnant/parenting teens may be behind their chronological age in school and/or may have dropped out

of school prior to pregnancy. Moreover, the school does not always know that a student is leaving because of pregnancy, or that a returning student has had a child. Because of the difficulty of maintaining accurate data, many school districts make no attempt to identify or track pregnant/parenting teens.

Child abuse and neglect data are available from Department of Social Services, Child Protective Services. Although it is generally recognized that there is a serious undercount in these statistics, this undercount may be consistent from year to year, thereby providing a credible baseline.

Data concerning provision of standard health care for the child sometimes is difficult to obtain locally. Health department statistics generally reflect counts only of those using public clinics/health centers for well-baby health care, immunizations, or emergency care. Those using private clinics and M.D.s typically are not counted. In this instance it would be important to obtain public clinic/health center data for teen parents living in the heavy welfare sectors of the city, since these are the ones most likely to depend on services of a comprehensive health care system.

Data on completion of high school or GED are also difficult to obtain, simply because school records typically do not identify their graduates as parents or nonparents. However, some school districts may have these statistics, and <u>all</u> should be encouraged to set up data management systems which would include this information.

Economic independence of pregnant/parenting teens is also difficult to assess. Two data sets may be accessed, not for direct information, but as bases for inferring percentage of teen parents who have not achieved economic independence; one is the 1980 county census data which list numbers of teen males and females employed, with these numbers being broken down by school completers and noncompleters; the other source is the local welfare data--Aid for Dependent Children, Supplemental Security Income, etc. A comparison of the numbers in these two data sets with numbers of births to teens living in high welfare-dependent areas will provide insight into the magnitude of the problems/needs, even though it will not provide hard data. As additional data needs are identified during the planning process, sources of those data should be identified. Limitations of data also should be noted as was done above.

Another area in which information is needed is that of existing local services, in order that adequacy, overlaps, gaps, and unequal accessibility, etc., can be identified and assessed. Although many communities have developed directories of social services available, these printed descriptions frequently do not reflect accurately actual service delivery. What is needed is a mechanism for requiring all agencies to do an internal assessment of the extent to which they are meeting the needs of this specific population and to accurately report the extent of both availability and utilization of these services. Such an assessment will provide resource/service data critical to decision making.

Soft data. In addition to local statistics there is need to identify clients' perceptions of their status, their needs, their options. There can be no predetermined data needs here as there were in the previous section. Rather, a stratified random sample of previous (past five years) and current pregnant/parenting teens and their parents, and of sexually active nonpregnant teens should be identified and accessed. This population of clients must be encouraged to provide data about the effects of their status on their own lives as well as on the lives of others; their felt needs at all times during their pregnancy/parenting; their knowledge of and utilization of resources; their perceptions of what might make their plight easier and their passage through this period more successful.

Applying the Diagnostic Template

The purpose of the planning conference is to facilitate a community's identification of those activities most likely to prevent teen pregnancy and to improve outcomes of those teen pregnancies that do occur. The planning process will begin by applying a diagnostic template to identified needs and resources based on the following topics related to teen pregnancy/parenting:

--Pregnancy prevention
--Prenatal health care
--Postnatal health care for mother and child
--Child abuse/neglect
--High school completion/GED
--Economic independence of the young parents

Each of these topics is discussed below. Common objectives are stated, and terms are defined to encourage consistent application of program strategies that have been found to be consistently effective.

Pregnancy prevention. The objective is to reduce the incidence of teen pregnancy/parenting. This refers to both primary prevention (preventing initial pregnancy) and secondary prevention (preventing repeat pregnancies) among teens. The rationale is that any teen pregnancy is contraindicated--from the standpoint of the teen mother, the infant, the families of both partners, and the community.

Experience has shown that a number of programs and services are needed in a community if teen pregnancy and parenting are to be prevented. Among these programs/services are the following:

- teen education on human sexuality
- parent education
- knowledge of and access to contraceptives

- family planning services
- special programs for high risk youth
- targeting of resources

Prenatal health care. The objectives are to: a) reduce complications of pregnancy; b) reduce incidence of low birthweight babies; c) reduce incidence of infant mortality. Complications of pregnancy and low birthweight are associated with continuing health problems for mother and child, and in some cases, with less than optimal child growth and development. The negative outcomes of infant mortality are obvious.

These three outcome objectives are closely related to prenatal health care. There is need for the pregnant teen to begin receiving health care in the first trimester of pregnancy and to receive all health and related supportive services throughout pregnancy and delivery.

Programs and services needed in the community to ensure that all pregnant teens receive needed health care which begins in the first trimester of pregnancy and continues through delivery include the following:

- Early diagnosis and referral. Parents, schools, and other agencies need to be trained in early diagnosis, emotional support, and appropriate referral.
- Convenient, inexpensive, and anonymous access to clinics which will perform pregnancy tests and provide the emotional support and health services needed.
- Teen education on nutrition, growth and reproduction, genetics, personal hygiene, and child growth and development.
- Support systems which follow the pregnant teen through delivery to make sure needed services are accessed and delivered.

Postnatal health care. The objective is to increase percentage of teen mothers providing standard health care for their babies. Standard health care is defined to include regular well-baby checkups, standard immunizations, and appropriate care for illness and accidents. programs and services needed in the community to ensure adequate postnatal care include the following:

- easy, inexpensive access to nutrition information and services
- easy, inexpensive access to infant immunization programs
- easy, inexpensive access to standard well-baby health care for the infant
- easy access to hospitals/emergency clinics/health centers/private physicians for treatment of illness and accidents
- knowledge and practice of normal child growth and development and of stimulation techniques

Child abuse/neglect. The objective is to reduce the incidence of child abuse and neglect. Infants and children of teen mothers are particularly vulnerable in this area. Negative consequences of child abuse and neglect are well documented. Programs and services needed in the community to reduce child abuse and neglect of teen parents and their infants include the following:

- a comprehensive, pervasive system for detecting and reporting child abuse and neglect
- teen parent education regarding the causes, dangers, and consequences of child abuse and neglect
- parent, grandparent, and mate education
- education of the personnel of schools and other agencies regarding detection of child abuse and neglect
- an effective community-wide campaign to reduce child abuse and neglect

- a support system to work with child abusers to prevent further abuse
- adequate child care services to remove some of the causes of child abuse and neglect
- follow through and follow up of child abuse cases

High school completion/GED. The objective is to increase the percentage of pregnant/parenting teens completing high school or GED requirements. National studies show that pregnant/parenting teens are among the disadvantaged populations most apt to drop out of school. National studies also show that failure to complete high school is highly correlated with underemployment, unemployment, and welfare dependency. Completion of high school increases the individual's work options as well as contributing to the self-respect so necessary to become a productive member of society.

Programs and services needed in a community to encourage pregnant/parenting teens' completion of high school or GED requirements include the following:

- effective and supportive mainstreaming of pregnant teens in their home schools
- outreach services to encourage pregnant/parenting teens who have dropped out of school to return and complete their education
- multiple alternative educational programs with flexible time schedules, open entry/open exit, etc.
- convenient and inexpensive child care

Economic independence. The objective is to increase the percentage of pregnant/parenting teens achieving economic independence. Teen parents have early and continuing responsibility for their own as well as their child's (children's) support. Without assistance to become

economically independent, many enter and remain in the welfare cycle much of their lives. Programs and services needed in a community to help parenting teens attain economic independence include the following:

- subsidized training programs
- multiple alternative routes to training
- financial assistance
- child care
- job placement
- job advisement
- assistance in obtaining own welfare payments and housing

Information about programs and services available in the community in each of these areas will be provided to the planning committee as well as to the full diagnostic conference assembly. Although many communities have performed needs assessments to determine adequacy of social services, few have focused on pregnant/parenting teens in each specific area of need. The diagnostic template proposed here will direct the needs-sensing activities and will ensure identification of gaps in programs and services.

Designing Consumer Participation/Client Development

Any initiative designed to alter or improve services for a specific population group, e.g., youth, Hispanic, pregnant/parenting teens, should provide for maximum input from the consumer/client group at all levels of planning and implementation. Failure to do so can easily be interpreted as insensitivity at best and indifference at worse. Moreover, the initiative would miss out on valuable insight, perspective, and endorsement. The onset of consumer participation should precede or at least coincide with the first activities of the planning committee.

In planning for a community conference on teen pregnancy/parenting, the convenor task force must identify both organizations and individuals who can ensure meaningful consumer input. This might best be achieved by having a group such as the local Urban League identify and recruit a cross-section of consumer participants for the conference. At least one meeting with these participants should be held prior to the diagnostic conference. Such a preliminary session, exclusively for potential consumer participants, will permit these participants to get a full understanding of the purpose of the process of the conference and permit an unorganized consumer body to plan strategies to maximize positive input to the conference.

Several consumer roles should be considered:

- Sponsors. The convenor task force should seek out sponsorship/cosponsorship from ethnic and youth services agencies. These organizations should be strongly solicited for participation. Leadership organizations among these should be active on the conference planning committee. School-based youth leadership organizations and youth chapters of community, church, and social organizations can ensure sensitivity and openness on the part of the planning body and protect it from criticism that the consumers/clients were not involved.

- Advocates. Consumers who evidence a strong concern for the issue and an ability to publicly express this concern before media, policymakers, providers, etc., should be identified and encouraged to serve as advocates for the conference. Roles should also be found for them in the conference format.

- Endorsements. Where possible, youth oriented organizations should be solicited to endorse the conference. These endorsements, publicized as well as displayed on appropriate conference materials, have the following advantages:

  --they increase the community's receptivity to the conference

  --they reinforce youth involvement in problem solving

  --they heighten youth awareness

Planning the Diagnostic Conference

Getting organized. The convenor task force will designate individuals to work in committee to plan the conference. This may be a subgroup of the task force. It may be necessary to augment the committee with appointees who are not on the task force but who possess particular skills in conference planning. It may be helpful to have 15 to 20 persons on the committee so tasks can be assigned to subgroups. Once the committee is functioning, it may be found that there is need to add persons with particular skills to meet planning needs that have surfaced. Persons selected for the planning committee will receive a packet explaining the problem, the proposed diagnostic conference, and the need for a planning committee to ensure that a comprehensive plan results from the conference.

At the initial meeting of the planning committee, the convenor task force will present the purposes of the diagnostic conference, the composition of the group participating in the conference, the desired outcomes of the conference, and the processes to be employed to ensure that a comprehensive community plan around the issue of pregnant/parenting teens is developed as a product of the conference. The task force will facilitate appointment of a committee chair, and will outline expectations in terms of time lines, documentation, communication with the task force, etc. Structure for committee meetings will be determined at the initial meeting in order to make sure planning tasks will be accomplished in a timely manner. A suggested agenda for this initial meeting is presented in Figure .

Because committee members typically are individuals with many obligations beyond the committee, and because there are a number of time-consuming activities required in the planning process, it will be important for the convenor task force to provide the committee with information needed for planning decisions, so committee time can be planning-specific. Information to be provided to the planning committee includes local statistics and resources. A previous section of this document describes data needs and sources.

---

10 min.	Welcome and introductions
15 min.	Brief statement on the problem of teen pregnancy/parenting
15 min.	Purpose of the diagnostic conference
15 min.	Composition of the group that will participate in the conference
15 min.	Desired outcomes of the conference
30 min.	Processes to be employed at the conference
45 min.	Getting organized
	a. committee composition
	b. information requirements
	c. leadership and subcommittees
	d. activities and timelines
15 min.	Agenda for next meeting

Approximately 2½-3 hours

Figure 1. Suggested agenda for initial meeting

Subsequent meetings. During the second meeting, the committee will identify decisions to be made. These decisions will include:

- information requirements
- activities and timelines
- leadership and subcommittees
- conference logistics
- communication channels
- publicity and public relations needs
- planning the agenda

Specification of decisions to be made in each of these areas will define the parameters of the planning process. This might be accomplished by assigning each to a separate subgroup of the committee. Subsequent meetings will focus on these specific areas. Each area is treated briefly below.

- Information requirements--One subgroup will address the information needed specifically for this effort beyond that supplied by the convenor task force. The chart below might help the group. It is suggested that the committee concentrate on specific information needed for this effort.

Information Requirements
(suggest putting on flip charts)

Information Needed	How Might It Be Obtained	Person Responsible for Getting It	Timeline
1.			
2.			
3.			
4.			
5.			
6.			
7.			

- Activities and timelines. Many of the activities can best be accomplished by individuals or subgroups between meetings. Meetings will be called only as necessary to check signals and make joint decisions. The basic framework for the planning process needs to be determined and timelines established to prevent slippage and to ensure that all activities are performed in a timely fashion. This framework will inform assignment of specific responsibilities.

- Leadership and subcommittees. Although the planning committee chair was determined during the initial meeting, other leadership roles may need to be decided at this point. The number and the focus of subcommittees also need to be decided. Subcommittees probably will be needed at least in the following areas:

  --Information

  --Publicity and communications

  --Conference logistics

  The principal purposes of a subcommittee structure are to pursue a number of activities concurrently and to make best use of the unique talents and experiences of each member of the planning committee. Subcommittees make recommendations to the full committee. Decisions are made only by the full committee.

- Conference logistics. The subcommittee assigned to logistics will be most effective if its members are representatives of one of the convening groups. This will put the power and resources of that group behind the subcommittee efforts. The work of the subcommittee will be facilitated if the group it represents has staff who routinely plan meetings. If not, a checklist of items for staffing and planning a meeting can be obtained from WAF/CP.

  Logistics involve space, food, arrangements of the room (theater style, school room, etc.), and support equipment such as microphones, projectors, pencils, and tablets. The subcommittee needs to know the specifications of the conference budget; general length of time of the meetings; small group rooms needed; overnight arrangements needed; and meal functions to be provided. This subcommittee should not be very large as too many people have to be informed of every decision. What is more useless than a meeting over the menu! Someone should be empowered to make such decisions within the guidelines/costs agreed upon. Agreements for costs should be confirmed in writing. Food arrangements are usually "plus" (gratuity charge) and often "plus, plus" (gratuity charge and taxes). This can add as much as 25% to the costs.

Unless this is a public meeting, access to the meeting should be limited to invited participants, with attendance politely and firmly controlled. One person should be designated to receive all calls about attendance. Unless the press will be welcome to attend, avoid advance publicity.

A master sheet for arrangements may facilitate planning the logistics of the conference. The master sheet could have the following headings:

Event	Time	Room	Configuration	Costs	Special Notes

The master sheet should be posted where all committee members can consult it. It can be filled in as the planning progresses. Any additional items (such as who is in charge of that event) can be added if needed.

- Communication channels. To maximize committee productivity while minimizing meeting time, it will be important to ensure accurate and timely communication among committee members. An effective technique is to have subcommittee chairs prepare periodic progress reports for distribution to all planning committee members. A mechanism for identifying slippage, emerging problems, and roadblocks needs to be installed, and a system for dealing with these problems needs to be in place. Whereas it is typically the committee chair who assumes this responsibility, it might be more effective for another leader to be designated to ensure that all activities are on target and that slippage, problems, and roadblocks are dealt with promptly and effectively.

- Publicity and public relations needs. Early in the planning process, decisions need to be made about the degree to which the diagnostic conference will be open to the press and the public. These decisions will suggest the kinds and amounts of publicity to be planned. If the committee decides that the purposes of the diagnostic conference will be served best by limiting participation to designated persons, retrospective, rather than prospective publicity will be planned. A separate issue is public relations. If the participants are to be motivated to attend the full conference, to prepare to represent their agency/organization, and to participate fully in developing a comprehensive community plan around the issue of teen pregnancy/parenting, public relations activities must be focused and sophisticated. If one of the convening organizations has a staff of experts in this area, it would be wise to utilize this expertise in public relations planning.

A simple part of public relations is direct communication with proposed conference participants.

- Planning the conference agenda. The Diagnostic Conference on Teen Pregnancy is encouraged to use the model agenda included in this document. Planners need to consider local customs and preferences. Thus, the model agenda will be treated flexibly to fit local need and circumstances.

Determining next steps. Topical (not detailed) minutes of each subcommittee and committee meeting need to be prepared and circulated among planning committee members within a week after each meeting. The chair of the full committee will be responsible for monitoring progress of each subcommittee and for seeking help if necessary to get or keep the group on target. The chair of the convenor task force will be responsible for monitoring the progress of the full planning committee and for seeking help if necessary to get or keep the planning committee on target.

Selecting Conference Participants

The convenor task force will also identify individuals/groups/agencies to participate in the diagnostic conference. If the product of the conference is to be a comprehensive community plan for addressing the issues of teen pregnancy/parenting, and if implementation of the plan is to have the human and financial support it needs, participants with responsibilities, power, and commitment to the issue must be identified and encouraged to attend. Task force members need to be deliberate about using available resources, including representatives within the national networks as well as local people whenever appropriate. The budget must allow for special program participants who would enhance the program even though they may require extra funds to cover costs. When groups in a community come together to plan around an issue such as adolescent parenting, who attends, who plans, who is involved become central factors in determining outcomes.

The convenors of the conference need to be well informed in order to identify every possible group that has or that might assume--responsibility for designing and implementing some part of a comprehensive community plan. One way to approach the task of identification is to have each member of the initiator task force list every possible group that might be involved. This will provide for a variety of perspectives and will reduce the probability of missing key groups. Checking the lists for duplications and gaps will provide a crude picture of community involvement. A complete list will also highlight the social policy choices that may have to be made. The community may have some groups

that will not work cooperatively, or power elements that must be acknowledged. These considerations will inform selection of those persons, groups, and agencies that will be invited to participate in the diagnostic conference. Obviously, not all groups identified can or should be invited. Some will be eliminated from the list for various reasons, and others may be identified as alternates in case groups decline or cancel.

A critical task is to agree on ultimate composition of the diagnostic conference before selecting participants. This should be determined before the list of possible participants is pruned. Some criteria for determining composition might include:

- A major agency from every element whose services have implications for the issue of adolescent pregnancy/parenting, regardless of whether they are currently involved actively in the issue. This will include schools as well as health, jobs, recreation, welfare and other agencies.
- A key group from every type of organization currently involved in the issue.
- Politicians, community officials, certain foundations or agencies that must be involved before anything has a genuine green light to proceed in the community. Members of the convenor task force will know about these key persons/groups, and will need to be candid in discussing and deciding who must be involved. In some cases this person or organization may need only to be drawn into the information circle, without actual participation in the conference. In some communities power is quite diffused, and there are a number of movers and shakers. These conditions must be considered when selecting participants.
- The teen population--both those who are already pregnant or parenting, and those who are at risk--need to be included in the conference. It would be ludicrous to plan interventions that will affect the lives of this population without having them, or someone who can negotiate for them, present. The initiator task force needs to decide who will speak for teens--the teens themselves or a teen advocacy group. The worst hypocrisy is to pretend a group wants to "hear from teenagers" when they don't. It is better to plan an adult strategy to provide for help, and

to assist the teenagers than to structure input that is going to be ignored completely. There are channels for reaching youth groups, such as church groups, "Ys," and clubs that might reach some appropriate spokespersons.

In order to ensure that this group is regarded as a full participant during the conference, client development activities must be provided. Client development is addressed in the next section. In summary, conference participants typically will include the following:

- convenor task force members
- client population--representative teenagers, younger and older, nonpregnant and pregnant teens, sexually active and inactive, and young parents. Males and females and ethnic distribution of the community should be proportionately represented. Assistance in the task of identifying client participants may come from teenagers and from teen service provider agencies.
- staff of all local service provider agencies related to teenage pregnancy
- staff of other teen services such as the schools, health department, youth and family planning services, recreation, YMCA, YWCA, cooperative extension services, Girl Scouts, Boy Scouts, girls and boys clubs, etc.
- institutional public services such as the county department of social services, mental health, department of labor, Private Industry Council and Job Ttraining Partnership Act staffs
- medical societies and hospitals
- staff representatives of city administration and political body
- United Way, other foundations and corporations
- representatives of ethnic organizations

Once the composition of the conference participant group has been determined, a grid can be designed, and cells can be filled by reference to the list of possible participants generated by the initiators. Groups may be penciled in or out as first and second choices. At this point it

may be necessary to add or search for appropriate groups to fill vacant cells.

Agencies and organizations should select their own representatives to the conference, but they should be given specific written information about the roles and responsibilities of the selected participants so they can choose persons from appropriate operating levels within their organization--persons who are both knowledgeable and skilled in communicating with persons representing varying perspectives, operating levels, and interests. The amount of time, effort, and commitment expected of participants; the responsibilities of the participants; the expectations of the convenor task force; and the ultimate effect of participants' contributions need to be clearly and consistently communicated.

The final conference composition task is to decide whether outside experts need to be involved. If certain expertise is lacking in the community, assignment of a consultant to provide the expertise may be needed. This should be planned carefully, and the nature and degree of expert involvement in the decision tasks during the conference must be clearly understood.

Extending the invitations. The host organization is the likeliest to assume responsibility for preparing the invitations, mailing them, and accepting reservations for the conference theme and program and providing clear directions about conference purpose, time, location, and program.

Selecting conference location. The site selected for the conference will be accessible, have adequate parking, and comfortable facilities to accommodate the maximum number of participants.

Preparing conference materials. Materials that set the theme and purpose of the conference are essential to successful conference development. These materials, which are described in a later section, are the responsibility of the convenor task force.

Scheduling the Conference. The conference will be scheduled as soon after the initial task force meeting as convenient and appropriate, at a time identified as desirable for attracting the largest number of participants for a two-day period.

Contributing the budget. Conferences cost money for the development, publication and production of materials, travel for program presenters, site and meal costs, honoraria for speakers, postage, production and distribution of final reports. The sponsors of the diagnostic conference should contribute the conference costs. WAF/CP has a budget for joint sponsorship of such efforts.

Planning and conducting the conference will be the responsibility of staff from the host organization, assisted by staff of WAF/CP and the members of the convenor task force who volunteer their efforts.

Preparing the Conference Information Packet

It is assumed that persons receiving the conference information packet will have been given enough information about the purposes and goals of the planning conference to secure their genuine commitment to participate. The conference information packet will, therefore, not be designed to motivate attendance but rather to prepare the individual for full and responsible participation in the planning process during the conference. It will be sent to participants two weeks before the conference.

The conference information packet will include the following:

- a personal letter verifying registration for the conference and identifying conference sponsorship
- statement of dates, times, hours of effort the participant is expected to expend, including time preparing for the conference and possibly assisting in follow-up
- statement of genesis, purpose, and desired outcomes of the conference
- a detailed agenda, including logistics
- detailed results of the needs-sensing activities
- a roster of participants
- how to use the conference information packet

Each of the above is described in some detail below:

Personal letter verifying registration. Each conference packet will begin with a letter addressed to the individual participant and signed by an official of the sponsoring agency. The letter will:

- state which agency (agencies) is sponsoring the conference
- acknowledge the position and potential contribution of the participant to the planning process

- explain the importance of a collaborative approach to solving community problems
- state the criteria used in selecting participants (for instance, it is important for a participant to know why his/her agency was included, and also to know that his/her agency selected its representative)
- thank the individual for willingness to expend personal effort to solve community problems

Statement of level of effort expected of participants. Participants need to know how much time will be involved in responsible participation, not only during the conference itself, but also in studying the conference information packet and in other ways preparing for conference participation. Those initiating the planning conference need to make realistic estimates of effort required and communicate these estimates clearly. If the individual may be involved in postconference follow-up, this possibility should also be addressed.

How to use the conference information packet. This section will briefly describe each section of the packet and will provide guidelines for studying/understanding each section. It will encourage intensive study of the materials before coming to the conference, and urge that the materials be brought to the conference for reference during the planning process.

Statement of genesis, purpose, and desired outcomes of the conference. This statement will be as brief and succinct as possible, preferably with each topic labeled, e.g.: "Genesis. At a meeting of the City Council on May 14, 1984, a spokesperson for the Citizens for Healthy Babies informed the Council of the alarming rise in infant mortality in our city and requested that action be taken to reverse this trend. The

Council appointed a task force to identify a process for determining how the community could best address this issue. Subsequently, the local Urban League agreed to sponsor a planning conference."

Purpose will also be clearly and briefly articulated, as will desired outcomes, e.g., "It is expected that participants in the planning conference will define feasible recommendations which might reasonably be expected to address the problem effectively, quickly, and parsimoniously."

A detailed agenda. The agenda will show dates, times, location(s) (including room names or numbers as appropriate), content of sessions and types of sessions (general session, concurrent sessions, small group participation, etc.) so the participants will know exactly what their roles will be. There should be no surprises the days of the conference.

The agenda will clearly state what meals will be served, and whether or not the participants are expected to pay for these meals.

If a participant will be expected to assume a leadership role (other than being elected recorder, reporter, leader, or spokesperson of his/her small group), this must be clearly communicated. A suggested agenda appears at the end of this section.

There will be a strong statement urging the participants to attend the entire conference, and not to accept telephone calls during the conference.

Detailed results of the needs-sensing activities. In the Data Needs/Sources section there is a detailed explanation of the demographic, resource, and subjective client data that are to be collected prior to

the conference. The whole purpose of collecting these data is to inform conference decisions. Therefore, it is imperative that the data be presented in a way that is easy to read and understand, and that also makes it possible for the participant to relate these data to specific planning processes during the conference.

It will be important to point out the sources and limitations of the data presented, as part of the plan may be to influence service providers and data-collecting/reporting agencies to improve their processes to provide more complete, accurate, timely, and variable-specific data to inform community decisions regarding programs and services.

Besides the listing of data and the discussion of data sources and limitations, there needs to be a brief section on the implication of these statistics, both for pregnant/parenting teens and for the community.

Roster of participants. To provide participants with a perspective on their inclusion in the conference, there needs to be a roster of participants giving name, agency, and agency programs/services related to teen pregnancy/parenting.

The packet should be attractive and should be compatible in size, shape, and style with materials to be issued at the conference.

Training the Facilitators

A professionally trained and experienced facilitator should serve as a consultant to the convenor task force to assist with the design of the agenda in such a way that it will contribute to the diagnostic plan for the community. The lead facilitator will serve as chairperson, responsible for the conduct of the diagnostic conference. The lead facilitator will organize and adjust the schedule as needed to produce the expected results. The lead facilitator will serve as a link and information source for the small groups to keep them on task and answer their questions. The role of lead facilitator is critical to the overall success of the conference and its outcomes.

In addition to actually facilitating the conference, the lead facilitator will serve as the trainer for the small group facilitators. The convenor task force will plan and implement such training prior to the conference with the technical assistance of the lead facilitator.

Task force members will identify local individuals with leadership skills who have the capacity to provide quiet, but firm and sensitive, leadership to promote the decisions of the group during the two small group sessions and during the Delphi process used in establishing priorities. The task force will arrange and schedule the training program at a time convenient for the trainees, preferably just before the diagnostic conference. The number of trained small group facilitators should exceed the number of planned small groups. In this way substitute or back-up facilitators will be available if an unexpected absence occurs.

The lead facilitator will plan and conduct the facilitator training program. The lead facilitator will also supervise the performance of the small groups during the agenda planned for the conference. Special process forms have been developed for use during the first and second rounds of the small groups and during the ranking process. These process forms will be used as part of the facilitator training program.

Conducting the Diagnostic Conference

Conducting the conference implies all preparation of the invitations, reservations, contacting the presenters, preparing materials, identifying and training facilitators, and handling all logistical arrangements for the actual conference. Advance advertising publicity, press releases, and working with the news media are part of the effort.

Participants will be sent conference information packets to prepare them for active roles in the planning process, and conference facilitators will be trained to make sure the planning process stays on target.

Diagnostic Conference on Teen Pregnancy/Parenting

Sample Program Agenda

Day #1	8:00	Registration and coffee
	8:30	Welcome and introductions
	8:45	Background information
	9:30	Break
	9:45	Small group sessions
		#1 Pregnancy prevention
		#2 Prenatal health care
		#3 Postnatal health care for mother and child
		#4 Child abuse and neglect
		#5 High school completion/GED
		#6 Economic independence for the young parents
	12:00	Lunch
	1:00	Morning small group reports/determine needs
	1:45	Prioritize needs
		*Individual ranking
		*Small group ranking
		*Total group ranking
	3:00	Break
	3:15	Small group sessions on priorities
	5:30	Adjourn
	Evening	Conference facilitators will compile the proceedings from both the morning and afternoon small group sessions to develop a plan of action.
Day #2	8:30	Registration and coffee
	9:00	Review of conference purpose
	9:10	Small group reports from previous afternoon
	9:45	Presentation of plan and recommendations
	10:15	Break
	10:30	Small group review of plan and recommendations
	11:15	Small group reports
	11:45	Confirmation of plan
	12:15	Concluding luncheon/review next steps/closing remarks

Description of Agenda

Day #1

8:00 **Registration and Coffee**

Participants will sign in and receive a name tag, agenda, and information packet. Child care should also be provided.

8:30 **Welcome and Introductions**

It may be propitious to invite a dignitary (e.g., mayor) to welcome the group. A member of the convenor task force will make introductions and explain the purpose of the conference.

(Set up: One large room, board tables for 6-8, head table, microphone, projector and screen if needed.)

8:45 **Background Information**

The purpose of this presentation is to give participants a clear understanding of the problem locally and of the community's current response to the problem. Results of application of the diagnostic template to community programs and services will be presented. Committee members should be designated to be presentors--be objective and follow the script in the information packet. At the conclusion of the information sharing, the participants should have a clear understanding of the needs.

(Set up same as above.)

9:30 Break

9:45 **Small Group Session**

Six small groups are suggested--one for each area of need. The purpose of the groups is to review the needs and resources that exist and to determine strategies that might be employed to meet the needs that exist. Each group will require a facilitator. A sample process form has been developed that will help keep the group on task. One participant from each small group will report the workshop deliberations in the afternoon.

If conference participation is so large that a small group has more than 15 members, it probably will be better to divide it into two small groups addressing the same issue.

(Set up: Six breakout rooms, round or semicircle shape, process forms, flip chart, marking pens, masking tape.)

12:00 Lunch

Good opportunity for informal and relaxed information interaction. Also it might be a good time for a short slide presentation.

(Set up: Round tables)

1:00 Small Group Reports

Small group reports can be made in the lunch room or the general session meeting room. A spokesperson for each group will report the results of their work session. As each report is presented, the major needs identified by the group will be listed on a flip chart.

If several workshops identified the same or similar needs--list them only once or combine them.

Sample:
1. Child care for students
2. Information on contraceptives written in Spanish
3. Nighttime educational programs

After all groups have reported, the list should be edited and typed for later distribution.

(Set up: Same as luncheon set up.)

1:45 NOW IS THE TIME TO SET PRIORITIES

Individual Ranking

In the large group each participant will be given a ranking form and will be asked to rank each strategy.

Small Group Ranking

Once the individual rankings are completed, the leader or facilitator will count off the participants to form small groups. Groups of 5-7 have been found to work best.

In each group, participants will be asked to share their individual rankings and, through discussion, a consensus should be reached.

Each group will identify a spokesperson.

Total Group Ranking

While the small groups are working, a chart similar to the one that follows will be posted.

GROUPS

	1	2	3	4	5	6	7	8	9	10 etc.
1										
2										
3										
4										
5										
6										
7										

etc.

To achieve a dynamic effect, ask all the group spokespersons to stand. First ask Group #1 how they ranked Need #1, then go to Group #2, Group #3, etc. After you have all the rankings for the first Need, go to the second area--repeat the process. You will see the enthusiasm swell. One person will ask for the group ranking, one person record it on the chart and a third person record miscellaneous comments.

After the rankings, the leaders will refer to the chart to determine the highest rankings. Those areas ranked consistently high will become the topics for the next small group session, with each group addressing a different need.

3:00 Break

3:15 Small Group Sessions on Priorities

Each workshop will identify specific strategies for meeting the priority need identified. This should include alterations to existing programs, new programs, identification of staff and resources that may be needed and determining which organization(s) or new organization would be most appropriate to implement the recommendations.

(Set up: 4-6 breakouts, flip charts, marking pens, masking tape, process forms.)

5:30 Participants Adjourn

Evening 2-3 typists, duplication facilities.

Group leaders and facilitators meet to draft a report and recommendations based on the proceedings of the conference. The report should be drafted and typed, with copies made for the following morning.

Day #2

8:30 Registration and Coffee

Same as preceding day. Draft reports will be distributed.

9:00 Review

Review purpose, yesterday's and today's process.

(Set up: Large meeting room, set up in rounds, microphone. The total morning session will be in the same room.)

9:10 Small Group Reports

The small groups from the preceding afternoon will report on their deliberations.

9:45 Presentation of the Plan and Recommendations

The leaders and facilitators will present the plan and recommendations as devised from the participants' deliberations on the previous day.

10:15 Review of the Plan

Small groups will be formed by counting persons off into groups of 5-7. Each group will review the plan and recommendations, make changes or modifications, and identify a spokesperson to report.

11:15 Small Group Reports

Each small group will report suggested changes and modifications.

11:45 Confirming the Plan and Recommendations

The participants have reviewed the plan, made modifications and will be asked if they can support it. This might be done section by section or as a whole. The participants should be told that a final draft based on this morning's modifications will be sent to them.

12:15 Concluding Lunch

This is an opportunity to credit individuals and agencies that have made outstanding contributions to the effort. A dignitary from one of the convening agencies may make concluding remarks. Make sure that the participants are truly aware that their contributions have been important and are expected to make a positive impact on the problem in the community.

PROCESS FORM #1 FOR PREGNANCY PREVENTION GROUP SESSION

Impact Objective: Reduction in incidence of births to teenagers.

List any special needs of your community on the issue of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

List all the resources currently available to your community to prevent the problem of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

6.

7.

8.

Identify additional resources required in this community to meet, in an ideal way, the needs identified by your group.

1.

2.

3.

4.

5.

To meet the needs of our community's teenagers ideally, new strategies will be required to carry out the objectives. Describe these strategies. Keep in mind that you are planning to meet 100% of the needs in the best way to aid teenagers and their families.

Strategy 1.

Strategy 2.

Strategy 3.

Strategy 4.

Will any new programs be required to carry out these strategies? What are they?

1.

2.

3.

4.

5.

Identify any alterations required within existing programs to meet the needs of every pregnant/parenting teen in our community.

1.

2.

3.

4.

PROCESS FORM #2 FOR PRENATAL HEALTH GROUP SESSION

Impact Objectives: Reduction in complications of pregnancy.
Reduction in incidence of low birthweight babies (2500 gms. or less).
Reduction in incidence of infant mortality.

List any special needs of your community on the issue of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

List all the resources currently available to your community to prevent the problem of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

6.

7.

8.

Identify additional resources required in this community to meet, in an ideal way, the needs identified by your group.

1.

2.

3.

4.

5.

To meet the needs of our community's teenagers ideally, new strategies will be required to carry out the objectives. Describe these strategies. Keep in mind that you are planning to meet 100% of the needs in the best way to aid teenagers and their families.

Strategy 1.

Strategy 2.

Strategy 3.

Strategy 4.

Will any new programs be required to carry out these strategies? What are they?

1.

2.

3.

4.

5.

Identify any alterations required within existing programs to meet the needs of every pregnant/parenting teen in our community.

1.

2.

3.

4.

PROCESS FORM #3 FOR POSTNATAL HEALTH GROUP SESSION

Impact Objectives: Increase in percentage of teen mothers receiving adequate postnatal health care.
Reduction in incidence of infant mortality.
Increase in percentage of teen mothers providing standard health care for the child (well-baby check-ups, immunizations, illness/accident care).

List any special needs of your community on the issue of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

List all the resources currently available to your community to prevent the problem of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

6.

7.

8.

Identify additional resources required in this community to meet, in an ideal way, the needs identified by your group.

1.

2.

3.

4.

5.

To meet the needs of our community's teenagers ideally, new strategies will be required to carry out the objectives. Describe these strategies. Keep in mind that you are planning to meet 100% of the needs in the best way to aid teenagers and their families.

Strategy 1.

Strategy 2.

Strategy 3.

Strategy 4.

Will any new programs be required to carry out these strategies? What are they?

1.

2.

3.

4.

5.

Identify any alterations required within existing programs to meet the needs of every pregnant/parenting teen in our community.

1.

2.

3.

4.

PROCESS FORM #4 FOR CHILD ABUSE/NEGLECT GROUP SESSION

Impact Objective: Reduction in incidence of child abuse/neglect.

List any special needs of your community on the issue of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

List all the resources currently available to your community to prevent the problem of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

6.

7.

8.

Identify additional resources required in this community to meet, in an ideal way, the needs identified by your group.

1.

2.

3.

4.

5.

To meet the needs of our community's teenagers ideally, new strategies will be required to carry out the objectives. Describe these strategies. Keep in mind that you are planning to meet 100% of the needs in the best way to aid teenagers and their families.

Strategy 1.

Strategy 2.

Strategy 3.

Strategy 4.

Will any new programs be required to carry out these strategies? What are they?

1.

2.

3.

4.

5.

Identify any alterations required within existing programs to meet the needs of every pregnant/parenting teen in our community.

1.

2.

3.

4.

PROCESS FORM #5 FOR EDUCATION/TRAINING GROUP SESSION

Impact Objective: Increase in percentage of pregnant/parenting teens completing high school or GED requirements.

List any special needs of your community on the issue of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

List all the resources currently available to your community to prevent the problem of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

6.

7.

8.

Identify additional resources required in this community to meet, in an ideal way, the needs identified by your group.

1.

2.

3.

4.

5.

To meet the needs of our community's teenagers ideally, new strategies will be required to carry out the objectives. Describe these strategies. Keep in mind that you are planning to meet 100% of the needs in the best way to aid teenagers and their families.

Strategy 1.

Strategy 2.

Strategy 3.

Strategy 4.

Will any new programs be required to carry out these strategies? What are they?

1.

2.

3.

4.

5.

Identify any alterations required within existing programs to meet the needs of every pregnant/parenting teen in our community.

1.

2.

3.

4.

PROCESS FORM #6 FOR ECONOMIC INDEPENDENCE GROUP SESSION

Impact Objective: Increase in percentage of teen parents attaining economic independence.

List any special needs of your community on the issue of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

List all the resources currently available to your community to prevent the problem of teenage pregnancy as it relates to this objective.

1.

2.

3.

4.

5.

6.

7.

8.

Identify additional resources required in this community to meet, in an ideal way, the needs identified by your group.

1.

2.

3.

4.

5.

To meet the needs of our community's teenagers ideally, new strategies will be required to carry out the objectives. Describe these strategies. Keep in mind that you are planning to meet 100% of the needs in the best way to aid teenagers and their families.

Strategy 1.

Strategy 2.

Strategy 3.

Strategy 4.

Will any new programs be required to carry out these strategies? What are they?

1.

2.

3.

4.

5.

Identify any alterations required within existing programs to meet the needs of every pregnant/parenting teen in our community.

1.

2.

3.

4.

Preparing the Final Report

The conference sponsors will be responsible for preparing the final report. This includes editing the final draft, planning the graphic design for the report, publishing and distributing the report not only to conference convenors but to others interested in diagnosing community needs and resources for reducing the problems associated with teenage pregnancy/parenting in the local community. The convenor task force may want to identify the planner and provide the material and financial resources for writing the plan. For example, the lead facilitator may be an appropriate plan drafter or may be able to recommend such a planner.

Coordinating Follow-up

Another critical function of the conference planning committee is the determination of what kind of follow-up the conference will receive and who will do it. Lack of such planning usually reduces the impact of a good conference to a single activity and most often good opportunities for ongoing collaboration are missed. Therefore, it is critically important for the conference plan to include a follow-up strategy. In communities where broad-based service provider coalitions are well established, follow-up might amount to a set of tying-up activities such as:

- evaluation
- completion of a conference report
- dissemination of final report
- postconference publicity

In communities where no networks or weak networks exist, follow-up might be expanded to include the formation of a network or coalition from among the conference participants.

Whether the broader or a more narrow route is envisioned, the responsibility for coordination and completion of postconference activities must be clearly assigned. Most often this assignment falls to the primary sponsoring/convening organization like the grantmaker, the local Urban League or the local Junior League affiliate.

Sample Budget
(Conference for 100 Participants)

Income

Registration, 100 @ $10		$1,000.00	
Grants:	Foundation #1	4,000.00	
	Foundation #2	4,000.00	
	Corporation #1	4,000.00	
	Corporation #2	1,000.00	
			$14,000.00

Expenditures

Personnel

Travel (four consultants @ $400)	$1,600.00	
One consultant to collect information (10 days @ $200, + $400 travel)	2,400.00	

Food and Beverages

Two lunches	$5,000.00	
Beverages/coffee	1,500.00	

Supplies

Information packets	$1,000.00	
Paper, invitations, mikes, etc.	500.00	

Final Report (and written plan)

Personnel	$1,000.00	
Printing	500.00	
Distribution	500.00	
		$14,000.00